



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : WATSON et al.
Appl. No. : 09/975,317
Filed : October 12, 2001
Title : METHOD

Confirmation No: 8178

TC/A.U. : 1616
Examiner : M. HARTLEY

Docket No.: : WATS3001C/REF
Customer No: : 23364

9/c

AMENDMENT

Ret
9-4-03

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Official Action of May 1, 2003, in connection with the above-identified application. The period for response has been extended to expire on September 1, 2003 by the filing herewith of a Petition for a One Month Extension of Time and payment of the required fee.

Please amend the above identified application as follows:

Amendments to the specification begin on page 2 of this paper.

Amendments to the claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begins on page 9 of this paper.

08/29/2003 AOSMAN1 00000006 09975317

02 FC:1201 252.00 OP
03 FC:1202 72.00 OP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: WATSON ET AL.

SERIAL NO.: 09/975,317

FILED: October 12, 2001

FOR: METHOD FOR DETECTING MYOCARDIAL ISCHEMIA

GROUP ART UNIT: 1616

EXAMINER: M. Hartley

ATTY. REFERENCE: WATS3001C/REF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a communication/amendment in the above-identified application.

- ☐ Small entity status under 37 CFR 1.9 and 1.27 is claimed.
☐ No additional fee is required.

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Small Entity	Full Fee
Total Claims	24	- 20 ¹	= 4 ³	× \$ 9 =	× \$ 18 = \$72.00
Independent Claims	6	- 3 ²	= 3 ³	× \$ 42 =	× \$ 84 = \$252.00
<input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim				+ \$140 =	+ \$280 =
TOTAL					\$324.00

¹ If less than 20 enter 20.² If less than 3 enter 3.³ If less than 0 enter 0.

- ☐ Please charge my Deposit Account Number 02-0200 in the amount of \$ _____. A duplicate copy of this sheet is attached.
- ☒ A check in the amount of **\$324.00—additional claims; \$110.00—extension; total check amount \$434.00** is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to Deposit Account Number 02-0200. A duplicate copy of this sheet is attached.
- ☒ Also enclosed is/are: **Amendment**
Petition for One Month Extension of Time and payment of the required fee of \$110.00

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(703) 683-0500

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23364

PATENT TRADEMARK OFFICE

DATE: August 27, 2003

Respectfully submitted,



Richard E. Fichter
Attorney for Applicant
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